

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 10/30/03.

I. DISPUTE

Whether there should be reimbursement for date of service 7/23/03. The Carrier denied reimbursement as "L – Not treating doctor".

II. RATIONALE

The Requestor billed \$500.00 for CPT code 99456-L3-WP. The Carrier has not made reimbursement. According to the TWCC-69 Report of Medical Evaluation submitted by the Requestor, ____ was the designated doctor appointed by the Commission to determine whether the injured worker had or had not reached maximum medical improvement, and if so, the percentage of impairment, if any. Based on the TWCC 1996 Medical Fee Guideline EM Ground Rule XXIII (A-D), the Requestor submitted relevant medical documentation to support the delivery of service as billed. On this basis, reimbursement is recommended in the amount of \$500.00.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT code 99456-L3-WP in the amount of \$500.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$500.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 12th day of March 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd